



ROSS MILLER
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Articles of Association Cooperative Association

(PURSUANT TO NRS 81.170 - 81.270)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Association:				
2. Registered Agent for Service of Process: (check only one box)	<div><input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name</div> <div><input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div><input type="text"/> Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</div> <div><input type="text"/> <input type="text"/> Nevada <input type="text"/> Street Address City State Zip Code</div> <div><input type="text"/> <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City State Zip Code</div>			
3. Term: (may be perpetual)				
4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	<div>1) <input type="text"/> Name</div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code</div> <div>2) <input type="text"/> Name</div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code</div>			
5. Membership Fee: (must be completed)	The membership fee is \$ <input type="text"/> per member. Each member signing the articles has paid the fee and their interests and rights are equal.			
6. Purpose: (required; continue on additional page if necessary)	The purpose of the corporation shall be: <input type="text"/>			
7. Names, Addresses and Signatures of Subscribers: (attach additional page if more than two subscribers; must be subscribed by the original associates or members)	<div><input type="text"/> X Name Subscriber Signature</div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address City State Zip Code</div> <div><input type="text"/> X Name Subscriber Signature</div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address City State Zip Code</div>			
8. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <input type="text"/> Date			

This form must be accompanied by appropriate fees.